B10 (Official Form)	3 ⁹ 35653-KRH Doc 7155-1 Filed 04/09/10 Entered 04/0	9/10 1	0:39:32 Desc	
UNITED STATES	BANKRUPTCY COUENHIBIT(\$): proofsofrolainof Pagenlof 1		PROOF OF CLAIM	
Name of Debtor:		Case N	e Number:	
Circuit City Stores, Inc. 08		08-35	-35653-KRH	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (the person or other entity to whom the debtor owes money or property):			Check this box to indicate that this claim	
Site A, LLC			amends a previously filed claim.	
Name and address where notices should be sent:		C	ourt Claim Number:	
Ann K. Crenshaw, Esq. and Paul K. Campsen, Esq.		a	f known)	
KAUFMAN & CANOLES, P.C.				
2101 Parks Avenue, Suite 700				
Virginia Beach, VA 23451			led on:	
Telephone Number: (757) 491-4000			1 21 1 1 1 1 2	
Name and address where payment should be sent (if different from above):			Check this box if you are aware that anyone else has filed a proof of claim	
c/o David J. Dansky, Esq.			relating to your claim. Attach copy of statement giving particulars.	
Chambers Dansky & Mulvahill, LLC			Check this box if you are the debtor or	
1601 Blake Street #500			trustee in this case.	
Denver, CO 80202				
Telephone Number: (
1. Amount of Claim as of Date Case Filed: \$1,398,365.04			Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not		ot	of your claim falls in one of the following categories, check the box and	
complete item 4.			state the amount.	
72-1 - 10 to 0001 to 100	aim is entitled to priority, complete item 5.			
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		ach s _I	secify the priority of the claim.	
2. Basis for Claim: See Attached (See instruction #2 on reverse side.)			Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:			Wages, salaries, or commissions (up to	
			\$10,950*) earned within180 days before filing of the bankruptcy petition or	
(See instruction	#3a on reverse side.)		cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507	
A Secured Claim ((a)(4).	
 Secured Claim (See instruction #4 on reverse side). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the 		. 🗆	Contributions to an employee benefit	
requested information.			plan - 11 U.S.C. §507 (a)(5).	
Nature of property or right of setoff: Real Estate Motor Vehicle Other			Up to \$2,425* of deposits toward purchase, lease, or rental of property or	
Describe: Value of Property: \$ Annual Interest Rate			services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	
	rage and other charges as of time case filed included in secured claim,		Taxes or penalties owed to governmental	
if any: \$	Basis for perfection:		units - 11 U.S.C. §507 (a)(8).	
	ed Claim: \$ Amount Unsecured: \$		Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().	
6. Credits: The amo	unt of all payments on this claim has been credited for the purpose of making this proof of cla	aim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase			Amount entitled to priority:	
orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements.			S	
You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)			100	
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER				
SCANNING.		100,000	4 T 990 T	
ATTACHED			mounts are subject to adjustment on 1/10 and every 3 years thereafter with	
If the documents are not available, please explain:		res	spect to cases commenced on or after the te of adjustment.	
DATE:	Signature: The person filing this claim must sign it. Sign and print name and title, if any of the	creditor o	r other FOR COURT USE ONLY	
October 30, 2009	person authorized to file this claim and state address and telephone number if different from the nabove. Attach copy of power of attorney, if any. Ann K. Crenshaw, Esq., Attorney and Ann Ann K. Crenshaw, Esq., Attorney and Ann Ann Ann Ann Ann Ann Ann Ann Ann A	otice addr	ess	